## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2002 8:00 am Secretary of State DOCUMENT # S66719 1. Entity Name 05-16-2002 90018 035 \*\*\*150.00 HALCYON HAMMOCK FARMS, INC. Principal Place of Business Mailing Address ALT: 27A:@ C32 P.O. BOX 503 **BRONSON FL 32621 BRONSON FL 32621** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3074186 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_ SEARCY, DIANE H. Street Address (P.O. Box Number is Not Acceptable) HWY 27A @ C32 **BRONSON FL 32621** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE CR2E034 (9/01) ☐ Addition Change NAME HATCH, HAROLD S. III NAME STREET ADDRESS P O BOX 503, ALT 27A @ C32 STREET ADDRESS CITY-ST-ZIP **BRONSON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME SEARCY. DIANE H. NAME STREET ADDRESS P.O. BOX 9, ALT 27A @ 32C STREET ADDRESS CITY-ST-ZIP **BRONSON FL 32621** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED